MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/550728

FILING DATE

APPLICANT(S)

CLAIMS									CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.	IND.	DEP.	IND.	DEP.	
1									51							
2									52							
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48									98							
49									99							
50									100							
TOTAL IND.		3							TOTAL IND.							
TOTAL DEP.		19							TOTAL DEP.							
TOTAL CLAIMS		22							TOTAL CLAIMS							

BEST AVAILABLE COPY